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MISCELLANEOUS.

Purpura Hemorrhagica.

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Lecturer on Orthopœdic Surgery, Kansas Medical College.

Read before Kansas Medical Society, May, 1895.

In presenting the subject of "Purpura Hemorrhagica" it is not with a hope of offering to this society any special light upon the subject.

This disease, or, more properly, symptom, has been to me in the last three years a very interesting one, three well marked cases coming under my observation during that time, which I will attempt to report in a brief way later on.

Several different forms of purpura are recognized, but as this paper is not to be an exhaustive one, I shall try to confine myself to this one form.

The pathology of this condition is as yet very much disputed. And many theories are advanced, none of which are satisfactory; neither will they admit of close investigation.

First, we may have certain changes in the blood; second, changes in the capillary wall; third, disturbances of circulation. Indeed, we must have a change in the normal structure of the capillary wall to allow the escape of the red corpuscles. Arthur Van Harlington, in writing on this subject, says that "We may look for the origin of hemorrhagic symptoms rather in blood stasis than in an ill understood condition of fluidity of blood, or in a still less clearly understood vascular fragility."

I may be pardoned for introducing at this point a theory which may possibly be construed to be either as sensible or as wild as some others advanced.

It is a physiological fact that when the density of blood is increased by an abnormal amount of sodium chloride in the circulation, that the red corpuscles depart from their normal shape and become crenated, or spiked like a chestnut, and more solid and compact.

This being the case, is it not reasonable to conclude that the continual pressure of these roughened corpuscles against the capillary wall would be sufficient to destroy the wall and allow the escape of its contents into the surrounding paravascular spaces? Reasoning, then, that the theory here presented may be in some measure correct, we would then say that while the reaction of normal blood is slightly alkaline, that the addition of a great amount of salines—especially the sodium chloride—into the general circulation would produce the change just spoken of in the corpuscle and would therefore be a primary factor in the production of purpura hemorrhagica.

Mrs. H., age 51, family history negative. History of patient: Mother of five children; never had any serious sickness, but never was robust and healthy. For five or six days had been complaining of tired feeling and frequent slight fainting spells; some pains in lower limbs, but more of a feeling of weakness and aching than pain; slight headache; no fever.

On the morning of December 22, 1893, while at her daily work, noticed she was not feeling as well as usual, and gums bleeding slightly. She took little notice of this, but it kept growing worse; washed out her mouth with ice water and held ice in her mouth. Hemorrhage gradually grew worse, until about 5 P. M. I was called. Found the patient very weak, skin dry, and mucous

surfaces pale; patient excessively anemic; pulse small and feeble; temperature, 97; pain and numbness in limbs, the least exertion producing fatigue; constant oozing of blood from gums.

The hemorrhage, together with a few spots on the face and several prominent ones on the eyeball, induced me to carefully examine other parts of the body. I found characteristic spots, a few on the hands and arms, a few scattered, and more on the lower limbs. These confirmed my diagnosis, purpura hemorrhagica. The spots appeared as just beneath the skin, dark red, varying in size from a pin head to split pea, unchanged by pressure.

These spots disappeared in a few days, but others appeared, and for several weeks kept gradually decreasing in number until after the patient was able to be around the house again. I could find a few scattered over the lower limbs. To-day the patient is, to all appearances, enjoying good health.

The hemorrhage was difficult to control for the first twenty-four to thirty-six hours, but the liberal use of ergotine controlled it, and no more difficulty was experienced from that source.

Case 2. Mrs. R., aged 37; mother of five children; youngest 6 years of age. On account of some pelvic trouble had ovaries removed in September, 1893. Previous to that time, general health poor, badly nourished, anemic. After operation, general health somewhat improved; very nervous; unable to sleep without some sedative; appetite variable.

On January 17, 1895, called at my office, complaining, as she said, of a peculiar smothering sensation, some pain in chest; tongue coated; temperature 101; bowels had not moved for forty-eight hours.

Gave her four grains of calomel in two doses, quinine and antikamnia. On evening of same day I was hastily called to see her. Found her lying on floor, garments and carpet covered with blood. Husband stated that about twenty minutes previous to this time her bowels had moved, the stool being over half blood. She went to bed feeling faint and weak. A few moments later she again rose for the purpose of evacuating the bowels. During this operation she suddenly began to vomit great quantities of clotted blood. I arrived a moment later and found her as before stated. Pulse hardly perceptible.

I immediately gave her some stimulants, and hypodermically one grain of ergotine. In about ten minutes she again vomited a similar quantity of blood. I was unable to satisfy myself of the origin of the blood, but waited for developments. In a short time she rallied somewhat, and I then gave her one-half grain more of ergotine.

After waiting one-half hour, patient said she felt very comfortable. I left, returning in the morning. The patient said she was feeling stronger; had slept two hours; vomited a small amount of blood once during the night; pulse 96, stronger; temperature 99.

On examination numerous irregular dark colored spots were found scattered over limbs. Diagnosis, purpura hemorrhagica. Continued ergotine in smaller doses by stomach; also tr. ferri chlor., fifteen drops three times daily. On second day took some light nourishment, and at the end of a week was able to sit up, temperature most of the time being sub-normal. Treatment continued for two weeks, with the addition of ten drops of nitro mur. acid diluted, three times daily. Patient gradually grew stronger. Nutrition better, until at the present time she is in much the same condition as before the attack, except that at times she notices slight oozing of blood from the gums, and that spots still appear over different parts of the body.

WANTED.—A set of Reference Hand Book. Any one having a set and wishing to dispose of it, address this office.

WE have a Yale Chair in first class condition, for sale.

Double Hare Lip.

BY H. HUMFREVILLE, M.D.

Read before the Central Branch Medical Society June 6, 1895.

It is not my intention to enter into an extended discussion of the pathology and cause of these malformations, or give the technique of the various surgical procedures, but give what experience has proven to be the best for the welfare and comfort as well as looks for the patient. An early operation was done in both cases, and were another case to present itself, an operation on the day after birth would be insisted upon.

The two cases of double hare lip operated on had the same anatomical malformation, double cleft through the hard and soft parts, opening into the nasal cavity, making sucking an impossibility, and swallowing very difficult unless placed on the back and the liquids poured into the pharynx. The intermaxillary tubercle was crowded forward and upward against the septum containing the follicles of the two central and two lateral incisors.

The first case: The alveolar process was dissected out, the edges pared, brought together, held in position with pins, and dressed with subnitrate of bismuth. The case made a nice recovery, with some thinning of the lip, a defect in speech which gradually improves as the palative arch approximates.

The operation upon the second case was done on the lines as suggested by Manley. Instead of dissecting out the alveolar process, an osteo-clasis was done, the tubercle, with process pushed back into position, secured by heavy silver wire pushed through the spongy bone, brought around and its free ends clamped with flattened shot. The other steps in the operation were completed in the usual manner. On the fourteenth day the wire girdle was removed by cutting through the center on the inside and withdrawal; the alveolar arch was complete, which gave considerable more thinning of the lip, but articulation is plain and mastication more perfect, while the palatine arch seems to approximate more quickly, and the four incisors give an expression to the face which is noticeably absent in the first case. Hamilton says: "The surgeon must not forget to remove the germs of those teeth, etc.," but my experience is such that the worst possible error to be made in these cases is to remove or resection the intermaxillary tubercle, for it gives expression to the face, enables the patient to grind food, and makes articulation possible.

The Effects of Uterine Curettage.

International Journal of Surgery.

Although curettage of the uterus is one of the most commonly employed procedures in gynecological practice, much obscurity still exists as to its exact mode of action. To throw some light on this subject, Werth (*Centralbl. f. Gynekologie*, No. 14, 1895) has carefully examined, microscopically, the mucous membrane of six extirpated uteri which had been thoroughly curetted at periods of three to sixteen days before the performance of hysterectomy. In two cases the operation had been undertaken for chronic metritis and myoma, and in the four others for chronic disease of the adnexa. One of the most striking features revealed by the examination was the marked inequality in the action of the curette. At some places the mucosa had been left intact, while at others only the deep-lying glandular structures had been preserved, and at still others the curette had penetrated as far as the muscularis. Areas of intact mucous membrane especially occurred at the fundus and around the openings into the tubes. The most profound influence of the curette was, therefore, exerted upon the lower uterine segment in the vicinity of the internal os. It is also interesting to note that, as shown by the authors' investigations, the uterine mucosa is regenerated with extreme rapidity, for as early as five days after curettage a complete formation of the superficial epithelial layer of the uterine cavity had taken place.

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Topeka, Kansas, Saturday, July 6, 1895.

The Four Years' Course.

The Kansas Medical College is receiving congratulations daily from the medical profession on the stand taken by the school in establishing a four years' course in medicine. The school is assured the support of the physicians by raising the standard of admission and lengthening the time of study. It shows more clearly to the profession than ever that the school is not in the market bidding for students from mercenary motives. The day is fast passing away when medical men will recommend a school to a student because he can get through it easily and quickly. Medical education is fast getting on a higher plane, and the credit is due to the medical profession in demanding it of the medical colleges. The medical colleges are the creatures of the medical profession, and the college that does not meet these requirements of the profession must suffer ostracism, and finally die. This is right. A four years' course is none too short a time to prepare a young man or woman to begin dealing with human life. The time required will also be a barrier to the impatient, weak-hearted student, and thus eliminate from the profession an undesirable class. The practice of medicine is a life work, and four courses of twenty-six weeks each, or two hundred and four weeks or two years of solid study and experience is none too long a training, if enough.

Again we say, it is gratifying to the college to know that the effort is appreciated and will be supported by the profession.

The Pathology of Inflammation.

International Journal of Surgery.

One of the most fascinating problems that has engaged the attention of both the older and modern school of pathologists is that of the nature of the inflammatory process. While the majority of pathologists of the present day distinguish a simple or traumatic and an infective form of inflammation, there are others who consider the presence of micro-organisms as a *sine qua non* to the development of this process. In a scholarly article read before the meeting of the American Surgical Association (*Med. News*) Prof. Roswell Park discussed this subject from the latter point of view, and insisted that the term inflammation should be confined exclusively to one distinct class of lesions, those produced by micro-organisms, and never to those other lesions into which the question of infectious micro-organisms does not enter, but that such lesions should have names based upon the pathological lesion. What is generally considered as a simple or traumatic inflammation, as, for instance, the synovitis following a severe sprain of the knee joint, he would regard as a process of hyperæmia and congestion, and he would reserve the term inflam-

mation for cases in which microbic infection had occurred, such as a purulent synovitis. Dr. Park also urged a more exact differentiation between the various substances known as pus, and suggested the following names: For material produced in the course of an acute phlegmon, infectious, toxic, the old name "pus;" for material from healthy granulating surfaces, or from raw tissues that have not yet had time to granulate, which is free from bacteria, and has no infectious or toxic properties, the name "pyoid" or "puruloid;" for the contents of old cold abscesses that have long since lost everything except the grossest and crudest resemblance to the pus which they may originally have been—the name "archepyon."

In the author's opinion, the nature of the inflammatory product affords a direct clue to the treatment. Real, genuine pus requires prompt evacuation; pyoid or purulent material calls for no special treatment except absolute cleanliness; while the presence of archepyon demands complete eradication of all infected tissue including the so-called pyogenic membrane.

Attention was also directed to the fact that the membrane of old or cold abscesses is pus protective and not pus producing, and that therefore it should be termed prophylactic and not pyogenic. The ideal method of dealing with this membrane is complete removal; next to this, complete destruction by caustic agents; and in default of these the application of antiseptics and stimulating substances. We regret that lack of space prevents us from quoting further from this interesting article, which adds materially to our knowledge of the inflammatory process. The chief objection to Dr. Park's views is the difficulty of determining the presence or absence of micro-organisms in any given case, unless the formation of pus be considered as indicative of infection.

Tonsilar Diseases.

Philadelphia Polyclinic.

Following Schech and McBride, Dr. Freeman teaches in his clinic that the terms lacunar and follicular should be applied to two entirely distinct tonsilar diseases, and not be employed interchangeably, as is so frequently the case. Lacunar tonsilitis is that form in which the inflammation affects the lacunae and crypts, and the exudate can be easily removed without loss of tissue. This is by far the commoner form, and is usually called "follicular." The term follicular tonsilitis, however, should be limited to that form of the disease in which one or more follicles or groups of follicles suppurate, and actual sloughing of tissue results. Dr. Freeman showed a typical case of this disease at a recent clinic. Several sloughs were removed from each tonsil without bleeding, but leaving cup-shaped ulcers beneath. Bacteriologic examination of the necrosed tissue, by Dr. A. C. Abbott, showed "no diphtheria bacilli, staphylococcus aureus and albus quite numerous; also a limited number of streptococci." This condition gives rise to the cup-shaped or funnel-shaped scars of the tonsils, of which both Schech and Seiss have written. In many text-books this form is described as "hospital sore throat," "septic pharyngitis," or "ulcerated throat," but as it affects almost exclusively the tonsils, it should be classed among the tonsilar diseases.

A Suggestion for a New Method of Diagnosis in Esophageal Disease.

Bayard Holmes, M.D., in St. Louis Clinique.

There are times when one has consecutively a number of cases of a rare kind. This has been my experience lately in diseases of and accidents to the esophagus. In two of these cases a novel method of examination was used with advantage.

In the first case a difficulty in swallowing had grown gradually worse for two years in spite of the occasional use of sounds and bougies, until when first observed by me, the young man could swallow liquids only with the greatest slowness.

The history gives no aid to diagnosis. The obstruction was certainly not a stricture,

because a large olive sound could be passed into the stomach and then drawn out again, meeting the same difficulty at about the same place. Ascultation added nothing to the knowledge of the case. The electric lamp bougie gave no information. At length several samples of dentist's wax were secured, and one sample placed on the whalebone handle of the esophageal sound an inch from the olive-shaped bulb. This was accomplished by warming the dental wax over a lamp. When moulded to a spheroidal shape it was passed into the esophagus and beyond the tumor while still warm and soft, and then drawn quickly out again. When it was first tried it came out flat and the shape of a butterfly. The next time the same wax was used a little cooler. It came out again much flattened, but apparently more flattened on the left side of the neck than on the right. Other experiments showed this condition more markedly. Thinking that the upper and unobstructed part of the esophagus might be the cause of the flattening, two spheroidal masses of wax were put one a little above the other on the handle of the sound and raised to the same temperature by immersion in hot water. In this condition the olive bulb of the sound was passed beyond the obstruction, then the first spheroid of wax was passed through the obstruction and the sound withdrawn. The flattening of the first spheroid was the same as when it stood alone. The second spheroid suffered only a slight change of form.

In trying this experiment the second spheroid of wax was on one occasion pressed firmly against this obstruction, but it was not allowed to pass beyond it. When it was removed it was found to have taken the impression of the upper border of the obstruction. From the appearance of these impressions a diagnosis was made of obstruction from a somewhat spheroidal or obspheroid body outside and in front of the esophagus and resting rather more to the left than to the right of the spine. Operation afterward demonstrated the reliability of the information thus obtained.

The second case in which this method was found useful was a dysphagia coming on in the course of a few weeks in a woman about forty-five years old. The patient insisted that she had not swallowed a bone or other object, but that her first difficulty began with an attempt to eat vegetable soup and bread. This appeared, by the ordinary methods of diagnosis, to be a structure. The esophagus was practically impermeable. On the end of a small olive bougie a mass of wax was placed in the form of a blunt cone. This was warmed and passed into the esophagus and pressed firmly but cautiously against the obstruction. When withdrawn, a distinct impression, apparently of a broken end of a bone half an inch wide was plainly to be made out. This impression indicated also that the foreign body was in the right side of the esophagus; that it lay with its edges nearly right and left, the top tipped forward, and the left edge a little further backward than the right. The upper end of the long axis of the foreign body seemed to be inclined from the axis of the esophagus forward and to the left. These two cases illustrate the possibilities of another method of diagnosis. Wax may thus be used which is soft at 120°, and becomes hard at a temperature near 98.6°.

How to Examine Sick Children.

Medical Record.

Dr. J. Lewis Smith, of New York, recently read a paper with this title, although the title was not adhered to strictly. The frequency and fatality of diseases of childhood, and the fact that some of them did not occur at an advanced age, or presented different characteristics, made them of special interest. He had heard skillful physicians who were much sought for in practice among adults, say they did not like to treat sick children. To be a successful pediatrist required much patience and knowledge of childish ways. If the patient were under five years, the physician, on entering the room, should take a seat a little distant, and without appearing to notice it, first obtain

the history from the mother, or nurse, and it would be found that usually the suspicious glances of the child at the stranger would cease when it believed itself not to be noticed, and it would begin to act in a natural way and manifest more clearly the symptoms of the disease. While still at a distance the physician could observe the prominent symptoms of the disease and thus with the aid of the history obtained from the mother, he could often make the diagnosis, and find it confirmed by a closer examination made later The previous history, the mode of commencement and progress of the present illness, should be obtained. Aural troubles were among those which often could be best located from a distance, when it would be observed that the infant rolled its head, and from time to time put its finger to the ear. The pediatrist must not value his time too highly. Finally, quietly approach the child for a closer examination. Avoid causing alarm. The percussion hammer, lead pencil, or watch, could be held out as a plaything. One of the most distinguished pediatrists of this country always approached his patients with a watch in hand, the chime of which he would first set in motion.

The New Specific for Cancer.

The Omaha Clinic.

Emmerich and Scholl (*Deutsche Med. Wochenschrift*, 17, 1895) reports the results of their new treatment for carcinoma. They use the serum of sheep which have been inoculated with cultures of the streptococcus pyogones. This is filtered through porcelain and kept in small tubes. Emmerich was led to experiment with this serum by saying that the serum of rabbits, which had been infected with the streptococcus was decidedly deadly to the anthrax bacillus; and this before Behring and Kitasato published their first results with the serum—therapeutics of tetanus and diphtheria. Six cases are reported to show the results of the cancer serum treatment; and while none of them are old enough to be sure that a radical cure has been effected, some of the histories are really amazing. The following is the most striking: Marie Aubet, *aet.* 54; turned over to Emmerich as inoperable. Two years before, the breast had been amputated for carcinoma, now has a return of the trouble in the shape of a tumor in the scar, the size of a pigeon's egg; another under the arm, still larger; the whole infra-clavicular region hard as a board, with a fistula leading from this infiltration into the axilla; several tumors the size of walnuts and hazel nuts in the neck; the arm swollen, œdematous and totally disabled. After the injection of 0.5 ccm. of the serum into the tumor of the breast, on two successive days, the tumor was reduced to half its original size, and on the third day, after 2 ccm. in all had been injected into it, this tumor disappeared entirely. In the meantime small amounts of the serum (0.5-2 ccm.) were injected into the tumor of the axilla and the subclavicular infiltration, and four days after the commencement of the treatment the infiltration had almost entirely disappeared, and the arm had become so nearly normal as to be used freely. Fluctuation now became perceptible in the axillar tumor and a tablespoonful of pus was evacuated from it by incision. The treatment was continued, and in twenty-five days from the beginning the axillar tumor was entirely gone and the fistula closed. In four days more the patient left the hospital temporarily with no evidence of persisting disease beyond a few scarcely perceptible nodules in the neck. The full amount of serum used in this case was 40 ccm. Interest is in the fact that after the infra-clavicular infiltration disappeared, the clavical was broken by the movements of the arm, showing that the bone had been partly absorbed, and when deprived of the support given by the cancer carcinomatous tissue, it could not stand the strain of ordinary usage. Whether or not the cure proves to be a permanent one in this case there can be little doubt that the serum will have prolonged her life.

The authors say that their serum is much more difficult to prepare than that for diph-

theria, though from the description of the method it would seem to need far less accurate experimentation.

Diagnosis of Diabetes and Glycosuria by Examination of the Blood.

New York Medical Record.

Dr. Bremer describes a modification of Ehrlich's method of staining cover-glass preparations of blood with eosin and methyl blue. By this method of staining, in normal blood the red blood corpuscles appear brownish red, but the color varies from a clear reddish brown to a deep chestnut brown (*The British Medical Journal*). The nuclei of the leucocytes stain blue. Bremer found that in diabetes and glycosuria the red blood corpuscles either remained completely unstained, or they were simply tinted light yellow or greenish yellow. Only occasionally a small peripheral zone of the red corpuscle was tinged slightly red. Other minor changes were found in the leucocytes. With acid fuch-sine and other so-called acid dyes, the red corpuscles of diabetic blood stained just in the same manner as those of normal blood. It was only eosin which did not stain them. In order to determine whether this loss of staining affinity for eosin was due to the abnormal amount of sugar in diabetic blood, Bremer treated cover-glass preparations of normal blood with a solution of sugar. But he found that the red corpuscles still stained with eosin, as in normal blood. If, however, a cover-glass preparation of non-diabetic blood was floated for twenty-five to thirty minutes in a diabetic urine, the red corpuscles failed to stain brownish red with eosin; they remained unstained or were only slightly tinted yellow or greenish yellow, as in diabetic blood. But the red corpuscles in a cover-glass preparation of non-diabetic blood, treated with urine free from sugar, stained with red eosin. In glycosuria produced artificially by the administration of phloroglucin for three days, the red corpuscles failed to stain with eosin, as in diabetes.

Role of Alcohol in Treatment of Heart Diseases.

Dr. Charles W. Chapman in the Lancet.

An observer of many cases of heart disease cannot fail to be struck by the well-nigh universal recourse to alcoholic stimulants by these patients as an indispensable part of treatment. After making a fair allowance for cases in which the taking of alcohol in immoderate quantities is attributed to medical prescription, but which are really independent of it, there remains a not insignificant proportion of patients who habitually consume a large quantity of spirit, apparently under professional advice. Whatever the true reason may be, the fact remains that many sufferers from various forms of heart disease take alcohol under the conviction, not only that it is a good thing for them, but that it is essential to their very existence. That alcohol is valuable in some cases and on particular occasions there can, I think, be no question, but I am thoroughly convinced that it is a grievous error to order this stimulant in all cases. If it be true, as I believe it to be, that alcohol should never be prescribed except after full consideration, with a definite object in view, in measured doses, and, as a rule, in stated doses, emphatically is it so in the treatment of heart disease. A glance at the more common forms of cardiac disease will be a help in the discussion of this question. The degenerations affecting the myocardium, whether coming on in the course of an acute illness or caused by the diminution of blood supply consequent upon atheromatous changes in coronary arteries, lead to dilatation of the chambers of the heart. This is evidenced by a tendency in the patient to faintness or actual syncope. The physical signs are increased, cardiac dullness (unless pulmonary emphysema is also present), indefiniteness of the apex beat, and muffling, or ever loss of the first sound. Such a patient, liable as he is to cardiac failure, should have a stimulant of some kind always at hand. It is against the injudicious use of alcohol that I am anxious to protest. Alcohol, when not

really needed, does mischief by unduly exciting the already weakened heart, and indirectly by interfering with the general nutrition through the disgust for food which generally accompanies gastric catarrh of alcoholic origin. It must be remembered that an already congested mucous membrane is easily irritated. Patients of the above class are not uncommon in the out-patient room. They generally complain of having a weak heart. They have an alcoholic appearance, the true cause of which is confirmed by their own statement that "they take whisky every now and then to keep themselves up." On further inquiry it will be found that these patients have frequently an intolerable sinking sensation at the epigastrium. The sensation is often erroneously called fainting, and is considered to be an indication for the use of alcohol; whereas the symptom frequently owes its existence to excess in spirit drinking. The histories of these patients show excess of some form of alcoholic liquor, extending, it may be, over many years—in fact, ever since they have, rightly or wrongly got it into their heads that they have 'a weak heart.' The beer drinker is generally bloated in appearance, with a liver enlarged out of proportion to his cardiac difficulty, and he has much subcutaneous fat. The spirit drinker, though sometimes fat, may be thin, and his liver may be even contracted. The symptoms in both classes, when there is degeneration of the myocardium, are practically the same, though the treatment may not be identical. The beer drinker is perhaps more liable to pulmonary emphysema, which masks the percussion evidence of cardiac enlargement. It would appear that excessive beer drinking is directly responsible for some cases of heart disease.

It is said that disease of the heart is very prevalent in Munich, where the consumption of beer amounts to 565 liters per head annually, and in the same place the duration of life in the brewing trade is shorter than that of the general population. The tremulous, flabby, or over-red tongue of the drinker is, unfortunately, too common to need description. When, in addition to the ordinary signs of intemperance, we have dyspnœa, which the condition of the lungs will not fully explain, degenerative changes in the heart and blood vessels should be suspected, and renal changes sought for. The physician who thoughtlessly prescribes alcohol in these cases, or fails to define the dose and clearly state under what circumstances it may be taken, incurs great responsibility. If food is better taken with a stimulant, and light wine is unsuitable, then half an ounce of brandy or whisky in three ounces of water may be taken at meal times. The frequent doses of alcohol should be stopped, and a mixture containing ether and ammonia be used as an occasional stimulant, while medicinal treatment should be directed toward the relief of the congested portal system. By these means the appetite returns and assimilation is improved, judiciously selected cardiac tonics completing the cure as far as possible. Sir Thomas Watson, in his classical lectures, remarks: "For that fatty ruin . . . much may be done even by drugs, and more by counsel and warning, for his safety; . . . when syncope is threatened, diffusible stimuli may be freely used. Above all, you must inculcate temperate habits and a life of constant quiet. . . . These cautions are, indeed, more or less applicable to all cardiac disorders, but they are especially requisite whenever there is reason to suspect that the texture of the heart is infirm and incapable of bearing the stretching of a hurried or an impeded stream of blood."

As a rule, in the history of cases of valvular and other serious forms of heart disease, symptoms of cardiac failure appear sooner or later. The action of the heart becomes weak and faltering, the contractions being frequent and ineffectual; dyspnœa is provoked by the least possible exertion, or is even a constant condition; the liver is enlarged, there is increasing œdema of the lower extremities, and probably albuminuria is present. In such a desperate case, hanging, as it were, between life and death, the most natural thing is to give stimulants freely, and sometimes this is all that can be done. If, however, the right side of the heart can be relieved by bleeding or by a

calomel purge, and stimulants only given when actually necessary, stagnation in the circulation is diminished, and an improvement in the symptoms may perhaps follow. The calomel may be given in doses of two or three grains, or the same amount in frequently repeated fractional doses.

The late Dr. Mahomed, the value of whose observations on the circulation is generally acknowledged, makes the following remarks: "It is not infrequent to find overfull vessels associated with a weak and failing heart; the pulse is then often small and feeble; it is very easily compressed and described as a small, weak pulse, which is thought usually to require stimulants. The reverse, however, is the case; bleeding or purging will be well borne by such patients and the result will be most satisfactory." The question as to how far stimulation may be advisable in an individual case or not must be answered by the medical man in attendance. The existence of extreme cyanosis shows that the immediate difficulty is with the right side of the heart, and consequently this must at any rate be relieved. This having been accomplished, every effort must be made by appropriate treatment and diet to improve the muscular power of the heart. Alcoholic stimulants may be required, but it should be remembered that they are not always necessary and may even be harmful. It will be seen that though alcohol has its place in the treatment of some phases of heart disease, the necessity for it in all cases has been questioned and unbridled license to the patient has been condemned. The lay mind is as convinced of the need for stimulants in all heart cases as of the call for whisky whenever a symptom can be in any way attributed to gout or rheumatism; in the latter case it is not over difficult to successfully oppose the patient's belief, but where the heart is concerned it is at times well-nigh impossible to do so. Indeed, no small amount of courage may be required to enable the medical attendant to carry his point. No rules for the guidance of the practitioner can be laid down; each case has its own individuality. Moreover, the symptoms in heart disease vary often day by day, or even hour by hour, so that it would be the height of folly to attempt to dogmatize on so important a question. Routine is a snare to be guarded against in treatment generally; in cases of heart disease its consequences may easily be fatal.

Eastern Kansas Medical Society.

OFFICE OF SECRETARY,
TOPEKA, KAS., July 1, 1895.

DEAR DOCTOR.—You are cordially invited to attend the Summer meeting of the Eastern Kansas District Medical Society, Topeka, Tuesday, July 9.

The Society will meet in A. O. U. W. hall, 723, Kansas avenue, at 3:30 P. M.

PROGRAM.

Clinics—Drs. Minney and Magee.

"Iritis"—Dr. G. A. Wall, Topeka.

Report of case—Dr. F. E. Schenck, Harveyville.

"Vaginal Hysterectomy or Cœliotomy for Diseased Pelvic Organs"—Dr. M. B. Ward, Topeka.

Report of case—Dr. J. W. Pettyjohn, Hoyt.

"Hemorrhagic Diathesis"—Dr. L. Reynolds, Horton.

Report of case—Dr. J. M. Phillips, Linwood.

Fraternally yours,
J. L. GILBERT, M. D., *Secretary.*
J. C. MCCLINTOCK, M. D., *President.*

The Ungrateful Cough.

Oliver Wendell Holmes.

Coughs are ungrateful things. You find one out in the cold; you take it up, nurse it, make everything of it, dress it up warm, give it all sorts of balsams, and other food it likes, and carry it around in your bosom as if it were a miniature lapdog. And by and by its little bark grows sharp and savage, and—confound the thing!—you find it is a wolf's whelp that you have got there, and he is gnawing in the breast where he has been nestling so long.

The Injection of Blood Serum in Cancer.

Annales de Med.

Immunized blood serum is rapidly coming into favor in the treatment of cancer. Two German physicians, Professors Emmerich and Scholl, report a number of cases so treated, all being recurrent.

Their efforts in all cases were rewarded by a singular success. What variety of cancer is amenable to such treatment?

They answer that it is unimportant, that "what counts most is the duration of the disease."

In recent cancer they promise a prompt and definite cure; the tumor being quickly resorbed. In chronic cancer, while seropathy will not eliminate the disease it will arrest its ravages, the tumefaction, infiltration and gangrenous invasion.

They designate the fluid "Klebs serum," *i.e.*, cancer serum. They have employed sheep, mostly on which the virulent cultures are first grafted. For a large neoplasm they inject about the circumference of it—from 10 to 25 centigrammes or more. In general it produces no febrile excitement, or insecutive constitutional disturbances; in all cases the general condition of the patient rapidly improves.

Treatment of Septic Wounds with Nitric Acid.

W. H. Anderson, M.D., in Courier of Medicine.

Mr. C., aged 47, had his right hand cut with a circular saw in a saw-mill. As he was the sawyer he wrapped it up with pine or balsam gum and went on with his work. Four days afterwards I was sent for and on examining the wound found gangrene had set in. There was sloughing in some parts and his arm was very badly swollen. I informed him that he would have to accompany me home where I could attend to the wound every day, or he would lose his hand, if not his arm; and I could not promise a cure as it was. So he came with me after some coaxing, thirty-five miles. As soon as I arrived at my home I washed the hand with hot water and applied pure nitric acid until all the dead and putrified flesh was removed; washed again, cleaned and dressed with salve made of a mixture of mutton tallow, beeswax, resin, and garden sage. I kept him at my house three days, using same treatment every day. At the end of the third day the wound looked so well I let him go home. In three days he returned, and as I was away my wife dressed his hand, using the acid on parts that needed it. In three more days he returned and I attended to it myself. The wound was dressed once after that, and he made a splendid recovery; hand sound and well, with only half of the first joint of the first finger gone.

I have used the nitric acid wherever I have had a bad case of sloughing, and believe that by the use of same I have saved several limbs from amputation. An engineer had his leg scalded, and a council of surgeons decided it would have to come off. I was recommended by a friend as one who would save the limb, if possible. So I was sent for. I found a horrible case; but having a good, healthy subject, I felt I could save his limb; and I am happy to say I did; and he has it to-day, sound and well, and is still running his engine. I hope some of my young brethren will take note of my success, and not cut and slash as I have seen some do, but save limbs when it is possible to do so. I will close by saying I used proper constitutional treatment in connection with the dressing.

The Significance of Eye Symptoms in Bright's Disease.

From Proceedings of New York County Medical Association in Medical Record.

Dr. Frank Van Fleet read a paper, the full title of which was "The Significance of Eye Symptoms in Bright's Disease, with Some Remarks on the Necessity of a More Rigid Enforcement of the Laws Relating to Medical Practice." We have in the back of the eye, he said, an expanded nerve, in front

of which was only a transparent medium, so that changes here could be studied positively during life which, situated in other parts of the body could only be appreciated by their subjective symptoms. Remembering that changes in the nerves and blood-vessels were often the first evidence of constitutional disease, the importance of studying the eye ophthalmologically became at once apparent.

Nephritic disease influenced the eye externally and internally. The external manifestations, as œdema of the lids, required no special mention. Subconjunctival hemorrhages occurred now and then, but so rarely that he had seen the condition mentioned in only one text-book on diseases of the eye. When present its significance was serious. In one of his cases it was the first symptom to cause a patient to consult a physician, although other evidences of Bright's disease had probably existed a year or more.

The changes in the back of the eye involved the blood vessels and nerves, producing hemorrhages in the former case and nerve inflammation in the latter, termed optic neuritis, retinitis, and neuro-retinitis. In the author's experience, valuable information was frequently derived in optic neuritis by examination of the urine. Inflammation of the optic nerve might exist from uræmic poisoning without for a time causing impairment of vision, while headache and other nervous symptoms might be present. The worst condition was retinitis and albuminurica, for optic neuritis might subside without leaving any atrophy, but retinitis albuminurica seldom disappeared without leaving its marks.

The condition most often found in the eye in Bright's disease was engorgement of the retina with blood, the nerve more or less swollen, the fundus sprinkled with white patches on a red background. The hemorrhagic spots varied in size from a mere point to a half a pea or larger. When such a condition was seen in the fundus of the eye the observer should think of the kidneys at once, for it usually indicated Bright's disease near the end. In 80 per cent. of the cases death ensued within a year or two, yet there was a chance when it occurred in acute kidney disease of saving life, but even here a favorable termination would depend upon vigorous treatment. He had seen six cases of retinitis albuminurica not associated with pregnancy the past twenty-two months. All had since died but one, and none of the six patients had known that they had renal disease. Chronic Bright's disease was a most insidious affection. In chronic nephritis, retinitis apoplectica was a fatal symptom, being of much greater significance than when caused by rheumatism or gout, for these affections did not necessarily imply disease of any particular vital organ, and the skin, bowels, etc., would probably rid the system of the effete material. But when the cause was a structural change in the kidneys, the outcome could be predicted with certainty. Vicarious elimination would not subserve the same purpose for any considerable time.

Another symptom in Bright's disease was amaurosis nephritica, or sudden blindness. It might occur without any apparent change in the eye, simply as the result of the action of urea on the visual centers, the generally accepted theory being that the direct cause was cerebral anæmia. It occurred most often in acute disease, and might end in complete recovery.

Treatment of Sprained Ankles.

Railway Surgeon.

The earlier treatment of sprained ankles was not characterized by very direct methods, hence results were very frequently disappointing. The interpretation of the element of rest was oftentimes very poorly made, while a truthful history of the manner and force of infliction did not appear to figure very largely as a guiding element of treatment, hence these methods adopted were often productive of further diseased conditions. Upon the introduction of well-considered immobilization and a just interpretation of the real force and utility of imposed rests, results became more uniform.

With plaster of paris splints, the starch bandage and the adhesive plaster treatment of Gibney, the surgeon is certainly well equipped with requisite and efficient means. A truthful history and a proper determination of the actual condition as presented in a sprained joint, is of paramount importance; the extent of contusion of a joint, whether ligaments or tendons are strained and ruptured, enter largely into treatment and prognosis. To those not having tried Gibney's adhesive plaster treatment, they will find that in many cases it is a successful, easy and comfortable means of treatment. Its ease and facility of application and satisfactory accomplishment makes a thoroughly desirable method of treatment. It successfully gives an equable support to tendons and ligaments about the ankle joint which results in the resolution of all effusion. In severely contused joints, more or less inflammatory states will have to be combatted, and nothing in our conception is equal to judicious massage of the parts used, of course along with immobitization. We can well remember following, for the first time in treating a sprained ankle, the suggestion of Florence Nightingale, which was to rub on and about the sprained ankle joint a tablespoonful of warm lard, no more nor no less, but a tablespoonful, must be rubbed in. To that benighted individual who has never tried it, it remains for him then to realize that a tablespoonful, under these conditions, seems as large as a bushel when he tries to rub it in himself. At that time this treatment was in many cases as efficient as any, which, of course was owing entirely to the complete massaging the joint received which seemed to prevent engorgement of blood vessels and the consequent capillary activity resulted in absorption of effusion. We believe that in many ankle sprains massage is as competent to obtain good results as can be obtained in immobilization, and in a much shorter space of time. The immediate application of massage in many of these cases will cause an unusually rapid absorption of effusion and a quick return of parts to normal condition.

The rubbing of a tablespoonful of warm lard on parts is no contemptible gauge of the requisite quantity of massage demanded, as we well know the lard has no virtue aside from the fact of ease of manipulation. Even with the perfection in result as obtained by proper immobilization, massage is destined to assume an important role in the treatment not only of sprained ankle, but other traumatized joints, for it occupies the cure of those conditions between a pure process of repair as represented in delitescence and fixed inflammatory effusion.

Abdominal Hysterectomy—A New Method.

New York Medical Abstract.

M. Richelot has described to the Societe de Chirurgie, Paris, an original and improved method of performing this operation. He claims for his procedure great advantages over the current methods, which are long and laborious, and the quicker methods sometimes employed, which are frequently attended with danger. The principal advantage of M. Richelot's manner of operating lies in the complete absence of ligatures and sutures, forci-pressure only being used. A scalpel, a dissecting forceps, a long and a short hæmostatic forceps, and finally two long Richelot's forceps provided with a long "bite"—this is the only armamentarium necessary. The patient is placed on her back and the operator takes his station between the separated limbs. The vagina is first thoroughly disinfected, for in the course of the operation the surgeon's hand passes alternately into that canal and the abdomen. The usual abdominal incision being made, the uterus is enucleated and laid on the abdomen, covering the lower angle of the operation wound. [When fibromata occupy the lower segment of the organ the usual fragmentation is at once practiced; when, however, they are interstitial they are left untouched and the operation proceeded with as follows.] An anterior peritoneal flap is fashioned by means of an incision across the anterior surface of the uterus, extending from one broad ligament to the other. The

broad ligaments are thus liberated and thrown downwards over the bladder. The left index finger is introduced into the vagina, and the anterior cul-de-sac is incised with a large pair of scissors, the discission of the vagina being pushed nearly as far as the side of the os. Then, leaving the uterus in situ, the broad ligament on one side is seized by the hand quite close to the uterus, an opening in the posterior cul-de-sac is made with the point of the scissors, and through this orifice is passed, per vaginam, the posterior limb of Richelot's forceps. Both ligaments being seized by the forceps, they are liberated from their extreme attachments. The uterus now hangs only to the posterior cul-de-sac, which is in its turn divided with a few snips of the scissors. But as this section gives rise to hemorrhage three hæmostatic forceps are here placed. A plug of iodoform gauze is inserted into the upper part of the vagina, none being placed in the abdomen. The abdominal incision is sutured and the operation is over. Of five hysterectomies thus practiced by M. Richelot, four beihg for fibromata and one for cancer, the four first mentioned were successful. The duration of the operation varies from thirty to thirty-five minutes, and no complications need be feared during the healing process. M. Richelot gives to his method of operating the somewhat cumbrous name, "hysterectomie par pinces vaginales d'emblee sans ligature ni sutures."

Injections of Salicylic Acid in Cancerous Tumoos of the Uterus.

The Lancet.

About two years ago Dr. Bernhart announced that he had obtained very favorable results srom the treatment of inoperable cancers of the uterus by intraparenchymatous injections into the tumor of a six per cent. solution of salicylic acid in alcohol at sixty degrees. This treatment, which so far does not appear to have attracted the attention of gynecologists, has been successfully employed by a Russian physician, Dr. F. Fafius, in seven cases of this disease, the results obtained being just as claimed by the inventor of the method. Like the latter, Dr. Fafius found that the metrorrhagia and fetid discharge ceased, the pain was relieved, the general condition improved, and the evolu- of the disease was checked in a marked degree. Dr. Fafiius employed at each operation from one to four cubic centimeters of the alcoholic solution of salicolic acid, divided into five or six injections, in various parts of the neoplasm.

SINCE the organization of the Medical Examining Board of Virginia, in January, 1885, to October, 1894, of 124 graduates from the University of Maryland, 93 were licensed and 30 rejected; of 109 from the College of Physicians and Surgeons, of Baltimore, 84 were licensed and 23 rejected; of 24 from the Baltimore Medical College, 8 were licensed and 16 rejected; and of 7 from the Baltimore University School of Medicine all were rejected.

IT is expected that the proceedings of the Kansas Medical Society will soon be in the hands of the publisher. If members are prompt in paying their dues there will be no further delay.

THE Topeka Board of Health are preparing some tubes for test culture in suspected diphtheria cases. Dr. Gilbert will make the bacteriological examination.

SURGEONS using the Murphy button should know that many of those on the market are improperly made and are condemned by the originator, Dr. Murphy.

DR. J. W. DONALDSON, of Los Cerillos, N. M., is visiting a few weeks with his family in Topeka.

THE Kansas City Medical College is to have a new $10,000 college building.